

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10240

Do not use this space.

1. PLACE OF DEATH

(a) County BuchananRegistration District No. 85(b) Township St. JosephPrimary Registration District No. 1001Registered No. 321(c) City St. Joseph(d) Street No. State Hospital #2 St.

(e) Length of residence in city or town where death occurred

yrs. 8 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Plattsburg, Mo.

(Usual place of abode, if no street address, write county or city)

Plattsburg, Mo.
(If nonresident, give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE African Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18697. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 73 Not known Not known8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as saw mill, bank, etc. " "10. Date deceased last worked at this occupation (month and year) " " 11. Total time (years) spent in this occupation " "12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "17. INFORMANT Court Commitment Papers18. BURIAL CREMATION, OR REMOVAL Cremation19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home20. FILED 3/25 1940 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 194022. I HEREBY CERTIFY That I attended deceased from July 14, 1939 to Mar 20, 1940
I last saw her alive on Mar 19, 1940 Death is saidto have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:Coronary OcclusionDate of onset 18 mo.Other contributory causes of importance: ArteriosclerosisName of operation ✓ Date of ✓
What test confirmed diagnosis? Chin Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury ✓
Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓(Signed) O. H. Banther / M. D.(Address) State Hosp. #2

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.